

State of Tennessee Department of Commerce and Insurance Tennessee State Board of Accountancy 500 James Robertson Parkway Nashville, TN 37243 615-741-2550 or 888-453-6150

Affidavit: Request to Remove Peer Review Requirement

The Peer Review Committee of the Tennessee State Board of Accountancy must approve your request to be exempt from the Peer Review requirement. Once approved, you will not be required to have further Peer Reviews. However, if you plan to perform any compilation, review or audit services after the date of this form, you must notify the Board of the work to be performed and enroll in an approved Peer Review Program. The Peer Review Program with which you enroll must then notify the Board of your enrollment. Failure to comply will result in a formal complaint being filed with the Board against your firm.

You will be notified of the Board's decision	concerning this	request.	
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I am requesting an exemption from the Te Review requirement and if in the future I pl services, I agree to enroll in a Tennessee Review Program. I further agree that I w report issued reviewed by that approved P have a Peer Review every three years.	lan to provide a e State Board o vill have the firs	ny compilation f Accountanc t compilation	n, review or audit y approved Peer , review or audit
Firm Name			
Resident Manager Signature		Date	
Sworn and subscribed Before Me this the _	day of		20
(Notary Seal)	Notary Signat	ure	
	My Commission Expires:		